

Sundance Riding Stables Summer Horse Camp 2011 Application

Please return application at least two weeks prior to camp.

Camper's Name: _____ Age _____
Last first when attending camp

Mailing Address: _____
Street or box no. city state zip code

Home phone: _____ Cell ph: _____ Em. Ph _____ E-mail _____

Male _____ Female _____ Birthdate _____ Experience: none a little some a lot
Mo/day/yr.

No. of times attended Sundance Camp? _____ Ridden at Sundance before? Yes No

T-Shirt Size: Child Small Child Med. Child Large Adult Small Adult Med. Adult Large Adult X-L
 (circle)

Camp Fee: \$200. for each Session. \$50 deposit required at least 2 weeks prior to camp. The remainder of the camp fee is due the first day of camp. Please report no later than 9:45 AM on that day.

Check if interested in:

Pre-Camp Program: \$20 for the week 8 AM-10AM Post Camp Program: \$20 for the week 4:00 PM- 6:00 PM

Camp Sessions: Circle your first choice: *= must have attended at least two horse camps

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|-----------------------|---|---------------------------|--|
| Session 1: June 13-16 | Session 2 June 20-23
Advance Campers Only* | Session 3: June 27-30 | Session 4: July 11-14 |
| Session 5: July 18-21 | Session 6: July 25-28
Advanced Campers Only* | Session 7: Aug. 1-4 | Session 8: Aug. 8-11
Advanced Campers Only* |
| Session 9: Aug. 15-18 | Session 10: Aug. 22-25 | Your second choice: _____ | |

Camp Hours: Monday-Thursday 10 AM- 4PM

What to Bring: Campers need to bring a sack lunch. We have some snacks and drinks for sale in the office. Refrigeration available. Bug spray, sunscreen.

What to Wear: Jeans, t-shirt (one t-shirt provided) tennis shoes with some heel or boots. Sweatshirt for inclement weather. May want a hat to protect from sun. Sunglasses get lost.

Family Night: Enjoy watching your camper show off what he/she has learned at camp. Thursday evening 6:00-8:00 PM. Includes a hot dog roast with trimmings and a hayride after dinner.

Number of family members expected to attend on Thursday (not including camper) _____

OTHER FORMS REQUIRED: Parent/guardian consent for medical treatment / Liability Waiver
 Return forms to: Sundance Riding Stables 9250 Nixon Rd. Grand Ledge, MI. 48837

Consent to Emergency Medical, Dental or Surgical Treatment of a Minor

My name is _____ I am the (mother) (father) (legal guardian) of _____ a minor child and a riding student at Sundance Riding Stables, Inc.

I hereby consent to any medical, dental, or surgical treatment or procedure of an emergency nature that is reasonably necessary to save the life of the minor named above or to restore the child to health, including emergency transportation to a medical facility if deemed necessary.

Family doctor name: _____ Doctor phone no. (____) _____

Name of insurance co. _____ Policy holder: _____

Holder policy no. _____

I understand that should medical emergency treatment be required, the current insurance information listed here will be provided to the attending clinic or hospital to cover future payment of incurred bills.

Emergency Contact Phone Numbers:

1. _____
Person to contact daytime number relationship

2. _____
Person to contact daytime number relationship

Known allergies or medical problems:

Who has permission to pick up the camper from camp?

Signed: _____ date: _____
Parent or legal guardian completing this form